Delta Rural Hospital Performance Improvement Project

Employee Feedback Form

<Hospital>



We want to hear from you. Your answers to the following questions will be an important part of an organizational review being completed for <Hospital>. Please take a few minutes to complete this survey and return it in the enclosed postage paid envelope today. The information you provide will be anonymous.

Please check where you are primarily employed: Hospital Nursing Home Health Agency Please check if you are part-time or full-time:											
Describe your level of agreement for each statement.	disagreement with ea	ach of	the fol	llowing statemer	nts by <u>filling in</u>	one circle					
	Strongly Disagree				Strong	ly Agree					
1) I contribute to the planning process at this facility	\circ 1	0	2	O 3	O 4	O 5					
2) I contribute to the facility's plan and mission	\circ 1	0	2	O 3	O 4	O 5					
3) I would like to be involved in the planning process for this facility	\circ 1	0	2	O 3	O 4	O 5					
4) I have confidence in this facility's leadership	O 1	0	2	O 3	O 4	O 5					
5) Communications from management are frequent enough	\circ 1	0	2	O 3	O 4	O 5					
6) I can trust what I am told by management	\circ 1	0	2	O 3	O 4	O 5					
7) I am provided enough information by this facility to do my job well	\circ 1	0	2	O 3	O 4	O 5					
8) As much ongoing training as I need is provided by this facility	\circ 1	0	2	O 3	O 4	O 5					
9) My initial training provided by this facility was adequate	\circ 1	0	2	O 3	O 4	O 5					

Fill in one circle for each statement	Strongly Disagro	ee ——				-	Str	ongly Agree
10) I am proud to work for this facility	\circ 1	0	2	0	3	0	4	O 5
11) I like the type of work I do	\circ 1	0	2	0	3	0	4	O 5
12) I would recommend this facility to my family and friends	\circ 1	0	2	0	3	0	4	O 5
13) If I do very good work I can count on making more money	O 1	0	2	0	3	0	4	O 5
14) I feel part of a team working toward shared goals	\circ 1	0	2	0	3	0	4	O 5
15) I am given enough recognition by management for work that's well done	O 1	0	2	0	3	0	4	O 5
16) My supervisor gives me adequate support	\circ 1	\circ	2	0	3	\circ	4	O 5
17) My supervisor treats me fairly	\circ 1	0	2	\circ	3	\circ	4	O 5
8) My supervisor tells me when I do my work well	\circ 1	0	2	0	3	0	4	O 5
19) How would you describe th Fill in one circle for your respons		erall job	sati	isfaction w	ith y	your work	at t	his facility?
O Very Dissatisfied O Somew	hat Dissatisfied) Neutra	l	O Some	what	Satisfied		Very Satisfied
20) Comments.								

Return completed form in the postage paid envelope to Linda Powell
Mountain States Group
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Boise, ID 83702
Fax 208-36-0880